**HIPAC POLICY DEVELOPMENT SUBCOMMITTEE
3/20/2003 MEETING SUMMARY**

1. Attendance: Viki Fox, Gwen Fuller, Larry Marchant, Bill Mahon, Casey Fitts, M.D., Larry Fernandez and Jim Head

2. Announced addition of Jim Head, representing the SC Hospital Association to the Subcommittee.

3. Reviewed "Guidelines for Developing a Policy Proposal to the Subcommittee". No comments made or changes recommended.

4. Discussed policy option list from last meeting and opened up the floor to all Subcommittee members to add, subtract or change the list. The final list was updated by Viki Fox and is attached for review by Subcommittee.

5. Responsibility for each policy option was assigned. Each policy option will be written up and presented by the assigned Subcommittee member. Viki Fox will assist with data, research on similar projects, and the final paper.

6. Viki Fox will provide a Subcommittee update to the full HIPAC on 3/27/03.

7. Next meeting date is set for April 10, 2003 from 2 – 4 in the SC DOI Law Library.

FYI:
Well Cities program web site, if interested is www.welcoa.org. The corresponding magazine is called Absolute Advantage.

HIPAC POLICY DEVELOPMENT SUBCOMMITTEE

POLICY OPTIONS DISCUSSED:

#	Policy Option Description	Person Responsible
1	Educational Programs Throughout the State	
a	Agents/small employers – (1) standard benefit cost form which describes the cost of health care costs provided by employer, (2) annual open enrollment type seminars with SCDOI, agents and licensed carriers, (3) create a "Guide to Purchasing Health Care Coverage in South Carolina" which would include each small employer insurer's base rate and case characteristics.	Casey Fitts, M.D. Viki Fox
b	Employees – (1) Utilization costs, (2) personal responsibility, (3) available health care options.	Casey Fitts, M.D. Viki Fox
c	Providers/Federally Qualified Health Centers – (1) pharmaceutical management, (2) disease management, (3) available programs for the working poor/appropriate steerage	Casey Fitts, M.D. Viki Fox
2	SC Healthcare Access Center – 5 existing centers working to create a partnership with hospitals, federally qualified health centers, communities and DHHS.	Casey Fitts, M.D.
3	Small Employer Self Insured Program – Create a small employer self-insured pool which would be administered by the State Budget and Control Board. Pool would be self sustaining	Frank Knapp
4	Replicate the South Carolina Health Access Program. 500,000 people are uninsured…they make up people with 1) no income who can't afford insurance, 2) sick people who can not afford the cost of their health care and/or who have limits to pre-existing conditions, and 3) young, healthy people who choose not to purchase insurance. Risk would be spread to all individuals in pool. Benefits would include mandatory generic drugs and managed utilization.	Larry Fernandez
5	Revise the small employer basic and standard plan mandate and reinsurance pool. Require all licensed small group carriers offer a limited benefit plan. Utilize the existing reinsurance pool or SCHIP, or create a high-risk pool, to provide direct access catastrophic care. High-risk pool eligibility by disease in order to individually manage health care by disease.	Viki Fox
6	Eliminate medical benefits from worker's compensation plans.	

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7	Implement "Well Cities" program to the working poor/small group employers. Provides education on healthy lifestyles and rewards/incentives to people who participate.	Combine with policy #1.
8	Defined Contribution Plans for the working uninsured. Establish tax deduction in state for small employers who contribute to a health account for employees. Establish a reinsurance mechanism to cover catastrophic illness. Plan would encourage primary and preventative care.	Bill Mahon Larry Marchant
9	No mandate product. Look at Arizona and District of Columbia legislative initiative that allows a no-mandate plan to be offered to small employer groups.	Viki Fox
10	Increase CHIP eligibility to 200% FPL in order to take advantage of federal funding.	